

By Benjamin Kuker for the University of Minnesota First-Year Writing Program under the Department of Writing Studies

How the Writing and Literacy Tools Doctors Use Affects Efficiency Within Hospitals

University of Minnesota

Writ 1301

INTRODUCTION

Hospitals have existed for over 2,500 years. They are vital in today's society. However, they are often subject to high demand which is a struggle to keep up with. Hospitals deal with incredibly diverse situations, from strep throat to liver failure; they have to be highly efficient especially in more severe cases in order to ensure that they are able to help the patient to the best of their ability. Mistakes could result in patients receiving the wrong medication or treatment, which could lead to their symptoms worsening, complications or even death. This thoroughness is literally a matter of life-or-death—"In order to have a chance of saving [the patient] you have to make sure that a hundred and seventy-eight daily tasks are done right," (Atul Gawande). In order for physicians to effectively handle these situations, documents and patient information must be constantly transferred throughout the hospital. The members in a hospital must follow a specific process in both communicating and recording information with their colleagues.

Activity system analyzes the components of a setting to better understand how the environment functions. The activity system must have all components to function, which includes the subject(s), motives, tools, rules, community, and division of labor and object. The community uses devices such as tools (i.e. medical instruments and/or lexes), rules (i.e. laws, conventions, and agreements), division of labor, and subject (i.e. people engaged in the project) to work towards the objectives. The overarching goals of the community are the objectives of an activity system, which correlate to the motives and lead to the outcome. Activity systems are a requirement for running any organization. In order for activity systems to function "Activity theory is a helpful lens for understanding how people in different communities carry out activities." (Kain and Wardle, 397). This essay focuses on the efficiency of an activity system by analyzing what writing and literary tools that are used in order to ensure the activity system within a hospital is efficient and remains efficient.

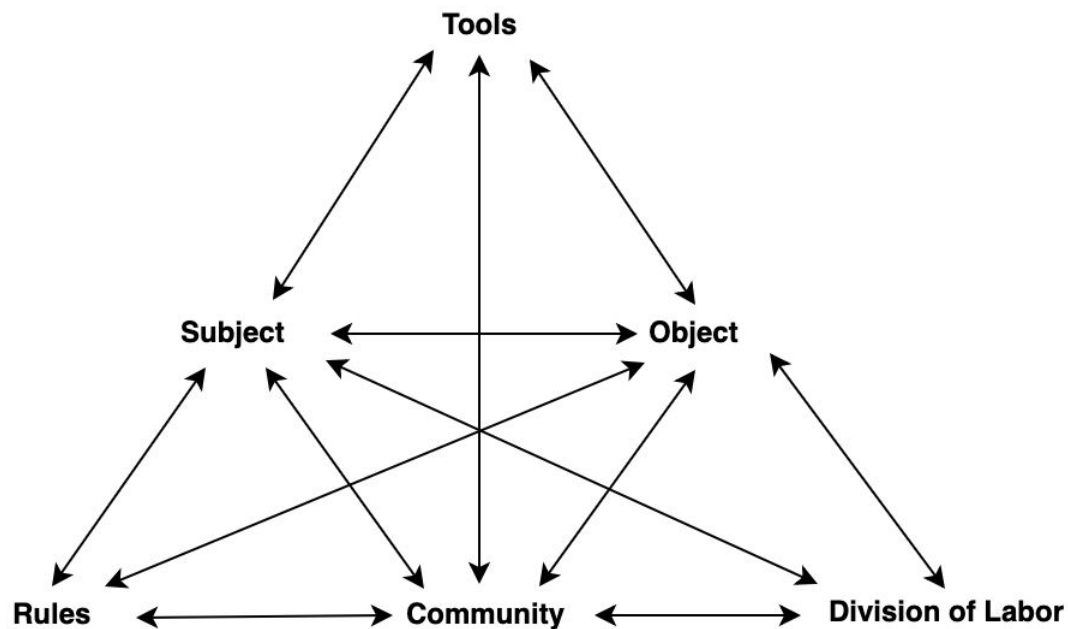
In order to ensure an activity system remains efficient when new members of the system are introduced, sponsors are needed to develop new literacy and writing skills of new doctors. "The concept of sponsors helps to explain, then, a range of human relationships and ideological pressures that turn up at the scenes of literacy learning" (Brandt, 75). These sponsors help with

the writing and literacy transition of the new activity system. During this transition, new members need to develop context-specific knowledge on the literacies and writing within the hospital. Robertson, Taczak, and Yancey claim that with “writing process knowledge, rhetorical knowledge, genre knowledge, discourse community knowledge, and content knowledge-provide an analytical framework...students can learn to write in new contexts more effectively” (Robertson, Taczak, Yancey, 187). When future doctors enter residency they are sponsored by more experienced doctors that teach them specific genres used within the activity system at the hospital. Marro claims “A genre system...is a ‘set of genres interacting to achieve an overarching function within an activity system’”(Marro, 427). With help from their sponsors, doctors learn how to use the correct literacies and writing practiced within the genre system. The ability to understand content-specific knowledge and genres specific to the hospital allows new doctors to use the correct writing and literary tools, which is pertinent in keeping the system moving effectively.

METHODS

An interview was conducted over the phone with Internal Medicine Doctor Paul Larson, who has earned an M.D. and has practiced medicine at Fairview Northland Medical Center in Princeton, MN for fourteen years. Dr. Larson served his residency at Fairview’s University of Minnesota Medical Center and Minneapolis VA Health Care System. He was named a top doctor in Minnesota by *Mpls St.Paul Magazine* in 2016. Dr. Larson was subjected to a twelve question interview that lasted approximately thirty minutes. The interview audio recorded and transcribed. He was questioned on both the communication techniques and the writing skills applied during his practice. These questions included the following: what the transition of his literacy skills during his residency were, who his literary sponsors were during residency, the certain style new members are expected to employ in their writing, what documented rules he was expected to follow, what different types of writing his colleagues use, how the writing is circulated through the community, and what inefficiencies and problems the community has run into in regard to writing, and their responses.

An activity system lens was applied to analyze the responses of the previous questions, specifically, looking into how Dr. Larson and his colleagues (the subjects) used the writing and literacy tools within their system, how the literacy and writing tools changed with the division of labor, the tools used to enforce the rules of the activity system, and how the tools correlate to the objective and motives of the group.



RESULTS AND DISCUSSION

• Tools and Subjects and Division of Labor

Viewing the literacy and writing skills used in a hospital setting showed how the writing and literacy tools had an effect on the efficiency of a hospital. Dr. Larson was asked what tools he frequently uses in relation to literacy and writing tools he uses to communicate with his colleagues or patients. His response highlighted texts, emails, medical notes, and medical records. A specific genre (responses that fit the needs of the community) the Fairview activity system uses to increase efficiency is MyChart, a website that allows patients to request appointments and speak directly with their doctors. It also allows physicians to check up on patients without taking the time schedule and attend an appointment. A certified medical

assistant checks in with a patient first to record vitals, checks medication, assesses why the patient is here and records their symptoms. They leave a medical note for the physician who will add an assessment and a plan on the medical note for the patient. If a physician refers a patient to a colleague, they will be able to see the medical notes he/she has left along with previous medical records. Physicians will email or text if they need to clarify or ask a colleague a question. Employees will also be notified by emails for updates in policy, etc. All these different steps are a process used to keep the system moving efficiently and without mistakes.

- **Tools and Sponsors and Transfer**

Sponsors within hospitals are meant to tutor residents during their transition on proper procedures along with developing the resident's writing and literacy skills in order to avoid mistakes that make the system less effective and, therefore, less efficient. “‘Transfer’ is best viewed as an active, dynamic process rather than a passive end-product of a particular set of learning experiences.” (Robertson, Taczak, Yancey, 188). Residency is primarily when doctors transfer their literacy and writing skills, they learn about lexis (specific vocabulary of a language) and genres within a medical environment and the tools and rules of the system. Robertson, Taczak, and Yancey claim that transfer is a dynamic process. This is supported by the duration of residency which lasts for a minimum of three years and that residents are sponsored by experienced physicians. During Dr. Larson's residency, his biggest sponsor was his assigned clinical doctor that overlooked him. Through his sponsor Dr. Larson was able to understand all aspects of the literacy skills expected within the medical environment and eventually how to practice these skills on his own. “Ordinary person's literacy learnings-its occasions, materials, applications, potentials-follows the transformation going on within sponsoring institutions”(Brandt, 88). This shows how much a sponsor has an effect on the student skills they learn, so they are able to best adapt to situations. The clinical doctor taught him how to write correct notes of a patient and lexis used to inform a resident what is pertinent so he would not waste time writing down useless information. An example of a lexis his sponsor was also able to teach him was to ask certain questions to try and unveil the bigger problem that the patient might be facing. The example he gave was “if someone comes in with heart pain and you are trying to

determine whether it could be a heart attack that the patient suffered, you could ask if they've had any jaw pain.” This shows how a sponsor within a hospital setting teaches not only specific writing skills but lexis to use to better understand a situation. When asked what advice he would give to incoming members of the community he responded to be clear and succinct. “What is the diagnosis, why the diagnosis makes sense, how you’re going to treat it.” This saves time and allows the process to continue at a faster rate as the next college will not have to sift through information that is counterproductive.

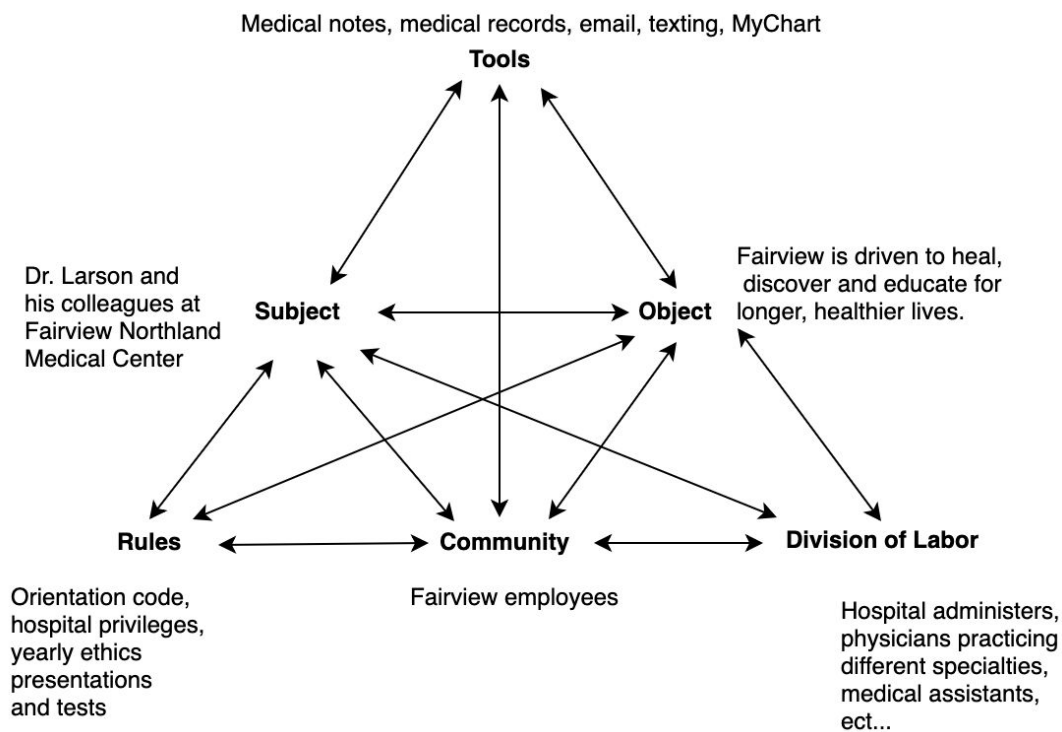
- **Tools and inefficiency**

When questioning Dr. Larson about inefficiencies of literacy and writing skills within a hospital setting he listed medication errors, sloppy handwriting, and medical notes that went into being too much depth. If the medication is incorrect, the pharmacist or specialist that the patient was sent to is expected to correct the error along with reaching out to the doctor who made the error in order to confirm the correct medication. This slows down efficiency by delaying the medication. Sloppy handwriting could be sent back for clarification. Reports that have gone into too much detail slow down the process by forcing the next physician to read through frivolous information. Dr. Larson lists a reason for the reports that have gone into too much depth is the copy and paste feature that was added where physicians will copy and paste a whole medical history even if it is of no importance to the current problem. This is a good example of how a writing tool was edited to be more effective but essentially backfired. To combat the medication errors and sloppy handwriting, residents have their work checked by a physician. A strategy that some physicians developed to cope with excessive notes is to put the assessment and plan at the beginning or end of the medical notes so their colleagues do not have to wade through unimportant information.

- **Tools and Rules**

Rules are important to maintain a balance within an activity system. They demonstrate guidelines that the community must follow and set a precedent for correct lexis to be used. Some literary and written tools used to enforce rules that Dr. Larson highlighted within his activity

system were, hospital privileges(a document showing which activities a specific employee is allowed to perform), Conduct code (what to do in the case of a chemical drill, fire alarm, ect...), yearly evaluation presentation and test (used to demonstrate proper ethics and behaviors), and hotlines (allow employees to call in and report fellow colleagues for unacceptable actions, such as stealing). Rules result in less confusion and a unified agreement on what is acceptable an understanding of the lexes between the community within an activity system. This allows the work that is produced within an activity system to remain constant and understandable within a community. Therefore more efficient.



● Conclusion

The literacy and written tools being used throughout the activity system along with sponsors to teach residents the tools to be successful allow for the system to stay on track. “Engagement entails defining a “common enterprise” that newcomers and oldtimers pursue together to develop(193)” (Wardle, 407). This shows how sponsors and residents work together to work towards the objective of the activity system. By underlying rules and connecting the

colleague's divisional labors, the tools point the community to a unified objective, which, in turn, creates the outcome that the system is more efficient. A common objective to have is a mission statement. Fairview mission statement is "Fairview is driven to heal, discover and educate for longer, healthier lives." This is able to connect all employees and is carried out through the community within the activity systems and is completed using the tools of the activity system.

ACKNOWLEDGMENTS

I thank Paul Larson for taking out time from his busy schedule to participate in my interview. He shared his personal experiences of working at a hospital and his time in residency. This provided me with a deeper insight into how a hospital functions.

WORK CITED

Brandt, D. (2017). Sponsors of Literacy. *Writing about Writing: a College Reader*. Boston, Bedford Bks St Martin'S, 68–100

Gawande, A. (2016, May). The Checklist. *The New Yorker*. Retrieved from <https://www.newyorker.com/magazine/2007/12/10/the-checklist>

Kain, D., & Wardle, E. (2017). “Activity Theory: An Introduction for the Writing Classroom.” *Writing about Writing: a College Reader*. Boston, Bedford Bks St Martin'S, 407-426

Marro, Victoria. (2017). The Genres of Chi Omega. *Writing about Writing: a College Reader*. Boston, Bedford Bks St Martin'S, 426-438

Robertson, L., Taczak, K., & Yancey, K. (2017). Notes toward a Theory of Prior Knowledge. *Writing about Writing: a College Reader*. Boston, Bedford Bks St Martin'S, 184-211

Wardle, Elizabeth. (2017). Identifying, Authority, and Learning to Write in New Workplaces. *Writing about Writing: a College Reader*. Boston, Bedford Bks St Martin'S, 407-426